

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701970

1. Entity Name

CHOSEN MISSIONARY BAPTIST CHURCH INC

Principal Place of Business

Mailing Address

1641 NW AVE G
P O BOX 174
BELLE GLADE FL 33430

1641 NW AVE G
P O BOX 174
BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1846826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JONES, SANFORD T.
908 NE 30 ST.
BELLE GLADE FL 33430

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JONES, SANFORD T.
STREET ADDRESS 908 NE 30 ST.
CITY-ST-ZIP BELLE GLADE FL ☐ Delete

TITLE S
NAME BROOKS, LURLINE
STREET ADDRESS 1505 N.W. AVE. G
CITY-ST-ZIP BELLE GLADE FL ☐ Delete

TITLE D
NAME BEIERSDORFER, JAMES
STREET ADDRESS 1508 1/2 NW12 ST.
CITY-ST-ZIP BELLA GLADE FL ☐ Delete

TITLE D
NAME DAWSON, CURTIS
STREET ADDRESS 600 NW AVENUE G
CITY-ST-ZIP BELLE GLADE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90499 014 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)